

EAST LYCOMING SCHOOL DISTRICT STUDENT INFORMATION UPDATE FORM - PLEASE PRINT ALL INFORMATION

FOR OFFICE USE ONLY: ENROLLMENT DATE _____ **STUDENT ID** _____ **SCHOOL:** HS A F R **GRADE** _____ **ENTRY CODE** _____ **LAST DATE ATTENDED** _____
 IMMUNIZATIONS PROVIDED HEALTH INFO TO NURSE VERIFICATION OF RESIDENCY 1302 1305 1306 FARM APPLICATION RECEIVED
 ESL MIGRANT FOREIGN EXCHANGE TITLE READING MATH IEP 504 GIFTED ACT 26 NOTIFICATION HOME LANG SURVEY HOME LANG SURVEY
BUS INFO: AM BUS NO. _____ PM BUS NO. _____ PA SECURE ID _____

STUDENT'S LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
PHYSICAL ADDRESS			
PO BOX / LOT / APT	DATE OF BIRTH	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	ENTERING GRADE
CITY, STATE & ZIP CODE			
BIRTHPLACE CITY AND STATE		BIRTH COUNTRY	DATE FIRST ENTERED COUNTRY OR STATE
RACE: <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> MULTI-RACIAL ETHNICITY: <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO HOMELESS: <input type="checkbox"/> YES <input type="checkbox"/> NO STUDENT STATUS: <input type="checkbox"/> MINOR <input type="checkbox"/> EMANCIPATED MINOR <input type="checkbox"/> ADULT FOREIGN EXCHANGE STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO			

RESIDENCY AND LIVING ARRANGEMENTS

STUDENT LIVES WITH: MOTHER FATHER STEP PARENT INSTITUTION* SELF FOSTER PARENT(S)* LEGAL GUARDIAN** OTHER ADULT _____

* PROVIDE COPY OF PLACEMENT/COURT ORDER ** PROVIDE COURT ORDER GRANTING LEGAL GUARDIANSHIP

IS THIS STUDENT BEING PLACED BY AN AGENCY? YES NO NAME OF AGENCY _____ HOW LONG WILL THIS STUDENT REMAIN IN THE FOSTER HOME? _____

LEGAL RESTRICTIONS: YES NO IF YES, NOTE BELOW AND ATTACH COURT ORDER OR CUSTODY AGREEMENT.

DOES THE PARENT WHERE THE STUDENT LIVES WITH HAS EDUCATIONAL RIGHTS? YES NO IF NO, PLEASE LIST WHO HAS EDUCATIONAL RIGHTS.

PARENT / GUARDIAN INFORMATION - MARITAL STATUS OF PARENTS (CHECK ONE) MARRIED SEPARATED DIVORCED WIDOWED NEVER MARRIED

NAME	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM STUDENT ADDRESS)		
CITY, STATE & ZIP CODE		
TOWNSHIP	HOME PHONE	CELL PHONE
PLACE OF EMPLOYMENT:	WORK PHONE	
EMAIL ADDRESS (OPTIONAL)		SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	RELATIONSHIP	
ADDRESS (IF DIFFERENT FROM STUDENT ADDRESS)		
CITY, STATE & ZIP CODE		
TOWNSHIP	HOME PHONE	CELL PHONE
PLACE OF EMPLOYMENT:	WORK PHONE	
EMAIL ADDRESS (OPTIONAL)		SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO

FAMILY INFORMATION - LIST SIBLINGS/OTHER HOUSEHOLD MEMBERS UNDER AGE 19 LIVING AT HOME

NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	GRADE
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

SHOULD ANYONE OTHER THAN PARENT/GUARDIAN LISTED ABOVE RECEIVE SCHOOL INFORMATION REGARDING THE STUDENT? YES NO IF YES, PLEASE LIST NAME AND ADDRESS.

NAME	RELATIONSHIP
ADDRESS	CITY, STATE & ZIP CODE

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STUDENT'S NAME: _____

EMERGENCY CONTACTS - TO BE CONTACTED ONLY IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED

FIRST NAME	LAST NAME	RELATIONSHIP	PHONE NUMBER

PARENT/GUARDIAN SIGNATURE

THE PARENT/GUARDIAN SIGNATURE BELOW VERIFIES THE ACCURACY OF ALL INFORMATION PROVIDED IN.

PARENT/GUARDIAN NAME PRINTED: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____